



**Title X Part C McKinney-Vento
Confidential Referral Form**

School Name: _____ Date: _____

Student: _____ M/F: _____

Grade: _____ Unique Student Identifier Number (USI): _____

Age: _____ Birth Date: _____ Phone Number: _____

Temporary Address: _____ City: _____ Zip: _____

Last School Attended: _____ School ID Number _____
[School of Origin]

Location of School: _____
[City] [State]

Referring Person: _____ Position: _____

Please check all that apply for the following areas of concern relevant to the student:

Night Time Residency Status: You must select one of the following:

Student lacks a permanent residence	_____	Doubled-Up (living with someone temporarily)	_____
Student is unable to pay school fees	_____	Unaccompanied (guardian not with student)	_____
Immunizations are needed	_____	Sheltered (living in a community shelter)	_____
Excessive absences	_____	Unsheltered (on the streets/unfit building)	_____
Lacks academic records/documents	_____	Hotel/Motel	_____
Experiencing academic delays	_____		
In need of school supplies	_____		
In need of school transportation	_____		
In need of resource referrals	_____		
In need of medical attention	_____		
In need of clothing/uniforms	_____		
Completed academic assessment	_____		
Possesses a current I.E.P. (SPED)	_____		

Services needed:

IDEA _____ LEP/ESL _____ 504 _____ Home Bound _____ Migratory _____ Other: _____

Other children in the home (list names and ages): _____

School Based Liaison: _____
[Name] [Phone]

_____ Copy sent to OSSE

_____ Copy placed in student's cumulative record

***Return Form to jasent.brown@dc.gov ***